

The Clinical and radiological outcome of intra cerebral haemorrhage

ABSTRACT

Introduction:

Among all the strokes the intra cerebral haemorrhage comprises of about 8-13%. Hypertension accounts for majority about 50 % of cases. Hence factors causing significant decline in neurological status as well affecting the Glasgow outcome score need to be analysed .

Materials and methods:

An observational study was done in patients admitted in department of medicine with intra cerebral bleed within 2 weeks of neurological manifestations. Detailed history and neurological examination along with admission GCS and NIHSS was taken. CT brain was done and site, volume of the bleed and mass effect was noted. The outcome was assessed with Glasgow outcome score and modified rankin scale at discharge.

Results and discussion:

70 % were males and 30 % were females. 41.7 % had MAP 110-130 mm Hg. 23 % had 130-150 mm Hg, 11.7 % had MAP >150 mm Hg. The more common presentation was motor weakness hemiparesis in about 47.6%. About 6.7 % presented with isolated headache . The common location was capsulo ganglionic region 56.7 %. 46.7 % had ICH volume <30 ml, 31.7 % had 30-60 cub.mm, 21.7% had > 60 cub.mm . The mortality was more with increasing age and in men. The outcome GOS and MRS at discharge had a statistically significant correlation with the admission GCS and NIHSS. Poorer outcome was seen with presence of intra ventricular extension , ICH volume more than 30 ml, infra tentorial location and mean arterial pressure > 130 mm Hg. With infra tentorial location even small volume bleed had significant lethal outcome.

Conclusion:

The outcome at discharge had statistically significant correlation with the admission GCS and NIHSS scoring and with the mean arterial pressure and ICH volume as well .

Key words:

Spontaneous intracerebral haemorrhage, ICH, haematoma volume.

